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07/28/2008

DRINKER BIDDLE & REATH (DC)
 1500 K STREET, N.W.
 SUITE 1100
 WASHINGTON, DC 20005-1209

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/516,076	11/29/2004	Haruhisa Saitoh	046884_5344_210802	7690

TITLE OF INVENTION: FLUORESCENCE LIFETIME DISTRIBUTION IMAGE MEASURING SYSTEM AND ITS MEASURING METHOD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440 \$1440 \$1510	\$0	\$1440	\$1440 \$1510	10/28/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
LAUCHMAN, LAYLA G	2877	356-317000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Drinker Biddle

2 & Reath LLP

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

HAMAMATSU PHOTONICS K.K.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Hamamatsu-shi, Shizuoka, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee (previously paid)
☐ Publication Fee (No small entity discount permitted)
☒ Advance Order - # of Copies 3 (previously paid)

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0573 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Date October 21, 2008

Typed or printed name Peter J. Sistare

Registration No. 48,183

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